

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041001

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317  
FILED OCT 26 1962Primary Registration District No. 547 Registrar's No. 3009

STATE FILE NUMBER

VS 300  
Rev. 4/5914005  
28120

3

4 05 1

6

7 18 29 4201

10

11

12 46-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RICHMOND HEIGHTS  
CLAYTON

Length of stay in 1b

9 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Mary's

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Madison

c. CITY

OR TOWN

Granite City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

2812 Washington Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

AUGUST

FRANK

EPPING

4. DATE OF DEATH

Month

Day

Year

10

18

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-31-1896

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Drillman

## 10b. KIND OF BUSINESS OR INDUSTRY

Steel

## 11. BIRTHPLACE (City and state or country)

Madison Co., Ill.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Epping

## 13b. MOTHER'S MAIDEN NAME

Helena Bange

## 14. NAME OF HUSBAND OR WIFE

Margaret Epping

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Margaret Epping

2812 Washington Ave.

Granite City, Ill.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Probable CORONARY OCCLUSION

## INTERVAL BETWEEN ONSET AND DEATH

5 MIN.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Generalized Arteriosclerosis

3 years.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Pneumonia, left lower lobe.

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

10/12/62

to 10/18/62

and last saw him alive on

10/18/62

Death occurred at

11/10 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Martin G. Chastain

## 22b. ADDRESS

634 N Grand Blvd

## 22c. DATE SIGNED

10/18/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary

## 23d. LOCATION (City, town, or county)

Edwardsville, Ill.

## FUNERAL HOME ADDRESS

Pieper Funeral Home

Granite City, Ill.

## 25. DATE RECD. BY LOCAL REG.

10-18-62

## 26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by NOT EMBALMED, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Preper Funeral Home  
by Al Chase  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.